



**moto**  
HEALTH CARE

taking care of our own

**2024**

**ESSENTIAL OPTION**

**AT A GLANCE**

# THE ESSENTIAL OPTION

## AT A GLANCE

This entry level option is ideal for first time medical cover buyers – young and healthy individuals. It offers generous primary care benefits; unlimited public hospital cover. 15 Chronic conditions and stabilisation in a private hospital.

### Brief description of benefits offered on the Essential option:

#### Medicine Benefit

Unlimited acute medicines from formulary and Network GP or Pharmacy

Over the counter medicine from a network pharmacy within formulary

Chronic medication obtained from a network pharmacy or GP within formulary

**Don't forget to register onto the Chronic Programme**

#### In-Hospital Benefits

Unlimited access to state facilities  
Access to emergency and trauma care in a private hospital

#### AMBULANCE SERVICES

24-hour access to road ambulance

#### Out-Of-Hospital Benefits

Unlimited GP consults, Optical, Dentistry, Pathology and Radiology benefits

Access to network specialists.  
Free and unlimited access to telephonic advice via Hello Doctor.

11 additional procedures available from network providers

#### Maternity Benefits

Free maternity benefits via the Baby Bumps programme subject to registration onto the programme

Ante-natal care via the network provider

Flu vaccination per pregnancy  
Monthly pregnancy vitamins  
Paediatric visits at a network provider

## Chronic Benefits

You are covered for 15 conditions in 2024:

- Addison's Disease
  - Asthma
  - Bronchiectasis
  - Cardiac Failure
  - Cardiomyopathy
  - Chronic Obstructive Pulmonary Disease (COPD)
  - Coronary Artery Disease
  - Diabetes Insipidus
  - Diabetes Mellitus 1
  - Diabetes Mellitus 2
  - Epilepsy
  - Glaucoma
  - Hypertension
  - Hyperlipidaemia
  - Hypothyroidism
- OTHER**
- HIV/AIDS

**Don't forget to register onto the Chronic Programme**

## WELLNESS Benefits

The Wellness benefit allows for early detection and pro-active management of your health

**YOU ARE COVERED WHEN REFERRED BY A NETWORK PROVIDER FOR:**

- Blood glucose test
- Blood pressure testing
- Cholesterol test
- Pap smear
- Flu vaccines
- Pneumococcal vaccination – high risk members
- Prostate specific antigen (PSA) testing
- TB screening
- Clinical Breast Screening (ultrasound) for high risk members
- Colorectal Screening
- HPV Vaccine

# ESSENTIAL OPTION

MONTHLY CONTRIBUTION			
SALARY BAND	MEMBER	ADULT	CHILD
R0 – R3 435	R451	R270	R181
R3 436 – R7 375	R480	R288	R181
R7 376 – R10 810	R686	R416	R270
R10 811 +	R792	R480	R322

## OUT-OF-HOSPITAL BENEFITS

Not sure what we mean? Refer to glossary on page 77

PRIMARY CARE NETWORK ONLY	
General practitioners (GPs)	Unlimited at the primary care network service provider
Specialist Limit	M = R1 760 M+ = R3 520 Subject to network GP referral, pre-authorisation and managed care/ Scheme protocols
Antenatal care	Antenatal care available from a primary care network provider for the first 20 weeks
Prescribed medicines	
Acute	Unlimited at the primary care network provider – subject to network formulary
Over the counter (OTC)	Single member = 3 prescriptions Family = 5 prescriptions
Chronic	15 conditions covered subject to formulary which can be viewed on the website (see page 40) Subject to use of a primary care network provider and protocols
Pathology	Pathology out of hospital - subject to network GP referral and formulary tests
Radiology	Out of hospital - subject to network GP referral and formulary tests

**THIS OPTION IS EXEMPT FROM PMB'S.**

Terms and conditions apply including specific exclusions, which can be viewed on the Scheme website - [www.mhcmf.co.za](http://www.mhcmf.co.za)

PRIMARY CARE NETWORK ONLY	
<b>Optometry</b> Optical benefit available per beneficiary every 24 months	1 optical test per beneficiary per year 1 pair of clear, standard mono- or bifocal lenses in a standard frame OR Contact lenses to the value of <b>R617 R236</b> towards a frame outside the standard range  Subject to use of primary care network provider and protocols
<b>Basic dentistry</b> Subject to use of primary network provider and protocols	<b>Per beneficiary per annum:</b> <ul style="list-style-type: none"> <li>• one dental examination</li> <li>• scaling</li> <li>• 4 extractions will be processed automatically and any additional must be pre-authorized</li> <li>• 4 fillings will be processed automatically and any additional must be pre-authorized</li> <li>• polishing</li> </ul>
External prostheses	Per family = R7 050

### Out-of-hospital procedures covered by the Essential Benefit Option subject to use of a network provider

TARIFF	TARIFF DESCRIPTION
0300	Stitching of soft-tissue injuries: Stitching of wound (with or without local anaesthesia). Including normal after-care.
0301	Stitching of soft-tissue injuries: Additional wounds stitched at same session (each).
0307	Excision and repair by direct suture. Excision nail fold or other minor procedures of similar magnitude.
0308	Each additional small procedure done at the same time.
0255	Drainage of subcutaneous abscess onychia, paronychia, pulp space or avulsion of nail.
0259	Removal of foreign body in muscle or tendon sheath: simple (not to be used for post-operative removal of Kirschner wires or Steinmann pins).
2133	Circumcision: Clamp procedure.
0887	Limb cast (excluding after-care).
1232	Electrocardiogram: Without effort.
1233	Electrocardiogram: With and without effort.
1136	Nebulisation (in rooms).

<b>Medical and surgical appliances (in- and out-of-hospital)</b>	The following appliances are subject to the annual limit of R3 080 per family subject to motivation and pre-authorisation
Glucometers	R915 per beneficiary every 2 years
Nebulisers	R915 per family every 3 years
Other Appliances – once every 4 years	Subject to clinical protocols and submission of a motivation/quote <b>Please note that hearing aids are not covered on the Essential option</b>
<b>ADDITIONAL BENEFITS</b>	
Out-of-Hospital Procedures subject to use of a network provider	11 Procedures covered out of hospital. Refer to list on page 42.
Free Hello Doctor advice	Telephonic advice via Hello Doctor. Talk or text a doctor on your phone, anytime, anywhere, in any official language – for free. Refer to page 10 for detailed information
Out-of-area or emergency visits	Per family = three visits to a maximum of R1 055
Paediatric visits	1 visit per family subject to the Specialist benefit limit
Wellness Benefit	Refer to pages 5 to 7 for the detailed benefits on free early detection, preventative and ante-natal care.



## IN-HOSPITAL BENEFITS

### IMPORTANT

Treatment performed in-hospital needs to be pre-authorised prior to commencement of treatment. Some conditions require you to register onto the Patient Care Programme to access benefits. MHC will pay benefits in accordance with the Scheme Rules and clinical protocols per condition. The sub-limits specified below apply per year. If you join the Scheme after January your limits will be pro-rated.

<b>Public hospital</b>	Unlimited treatment in accordance with Scheme protocols
<b>Private hospital</b>	Resuscitation and stabilisation only  Subject to pre-authorisation within 48 hours of admission and managed care protocols
<b>GPs and specialists</b>	Unlimited treatment in a state facility in accordance with Scheme protocols
<b>To-take-out medicine</b>	Up to 7 days
<b>Internal Prostheses</b>	Per family = R10 525 where approved during hospital admission
<b>Oncology</b>	Where approved during hospital admission Subject to state and managed care protocols
<b>Pathology</b>	Where approved during hospital admission Subject to state and managed care protocols
<b>Radiology</b>	Where approved during hospital admission Subject to state and managed care protocols
<b>Confinement</b>	Treatment in accordance with Scheme and state protocols Patient will be referred to a state facility for specialist care and the confinement
<b>Ambulance</b>	Emergency road transport only Subject to use of DSP, clinical protocols and pre-authorisation

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